

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☒ EXISTING POSITION

Part 1 - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Department for Children and Families		9. Position No.	10. Budget Program Number 629-53200		Agency Number
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position) ADMINISTRATIVE SPECIALIST			
3. Division Protection and Prevention Services		12. Proposed Class Title			
4. Section Protection and Prevention Services	For Use By Personnel Office	13. Allocation		Position Number	
5. Unit Kansas Protection Report Center		14. Effective Date			
6. Location (address where employee works) City Topeka County Shawnee		15. By	Approved		
7. (circle appropriate time) Full time x Perm. x Inter. Part time Temp. %		16. Audit Date: By: Date: By:			
8. Regular hours of work: (circle appropriate time) FROM: AM/PM To: AM/PM	17. Audit Date: By: Date: By:				

PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

This position exists to support the agency in achieving its mission to protect children and promote adult self-sufficiency. Once trained, this employee is given specific assignments and must follow prescribed agency regulations and time frames. This employee will follow instructions, guidelines and directives from supervisor. Since safety of vulnerable adults and children is at stake, the worker will gather and process the information as soon as possible. This information will be transferred to the designated person in a timely manner. The information will be accurately entered into the system. Assignments are based upon the established procedures within the intake unit. Worker is required to be reliable and work independently with little supervision.

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

Name	Title	Position Number
Kristina Strawn	Social Work Supervisor	K0225143

Who evaluates the work of an incumbent in this position?

Name	Title	Position Number
Kristina Strawn	Social Work Supervisor	K0225143

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	
1. 30%	E	Interview individuals making reports of children in need of care or suspected adult abuse/neglect/exploitation through phone contact using in-depth interviewing techniques. Complete intakes from faxes and other written documentation.
2. 25%	E	Prepare clear and accurate written summaries of the information received in the report. Forward child and adult reports to the Protection Report Center social worker for further processing. Review reports for accuracy, timeliness, and completeness.
3. 10%	E	As requested by PRC social workers, gather additional information regarding reports and document the results.
4. 10%	E	Receive calls, assess the situation and provide information to direct the caller to appropriate community resources as need, using crisis intervention skills if callers are in distress. Contact Law Enforcement for emergency situation outside of normal DCF business hours.
5. 15%	E	Collect and document available information by using agency systems- FACTS, KAECSES, and other available information systems.
6. 10%	M	Complete additional projects or assignments that are part of the Protection and Prevention Services. Follow agency policy and will have working knowledge of the intake process, policies, and procedures. Interpret and ensure compliance with Statutes, policies and procedures. Attend trainings, conferences with supervisor and unit meetings. Assist in training new staff as requested by supervisor

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:
() Lead worker assigns, trains, schedules, oversees, or reviews work of others.
() Plans, staffs, evaluates, and directs work of employees of a work unit.

() Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name

Title

Position Number

23. Which statement best describes the results of error in action or decision of this employee?

() Minimal property damage, minor injury, minor disruption of the flow of work.

() Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.

(X) Major program failure, major property loss, or serious injury or incapacitation.

() Loss of life, disruption of operations of a major agency.

Please give examples.

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Contact with the public occurs almost constantly on a daily basis. Primary contact is with mandated reporters and the general public.

25. What hazards, risks or discomforts exist on the job or in the work environment?

This position is almost steady phone work and report preparation. Frequently callers are upset, frustrated or angry and this position is sometimes the target for these feelings. Secondary trauma may be experienced from receiving information regarding situations in which an adult or child is believed to have been victimized. Potential risks associated with a typical office environment.

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Telephone - Daily

Copy Machine - Daily

Personal Computer – Daily

Fax Machine – Daily

PART III - To be completed by the department head or personnel office

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

College course work in social work or a related human services field

Education or Training - special or professional

Work experience at the Kansas Protection Report Center or 2 years call center/customer service experience

Licenses, certificates and registrations

Special knowledge, skills and abilities

Knowledge about word processing applications as well as good interview skills and attention to details.

Experience - length in years and kind

Work experience at the Kansas Protection Report Center or 2 years call center/customer service experience.

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Signature of Employee

Date

Signature of Personnel Official

Date

Approved:

Signature of Supervisor

Date

Signature of Agency Head or
Appointing Authority

Date